

The Division of Disability and Rehabilitative Services

Quarterly Update October 1, 2010

DDRS Employment Initiative

Work First

DDRS has initiated the “Work First Initiative”. The overall goal of the initiative is to move people who are currently in segregated settings into integrated employment.

BDDS and VRS staff are collaborating closely and will be working with the community

Stakeholders (people with developmental disabilities, families, providers, case managers, employers, etc) in the initial demonstration sites on this initiative.

Rehabilitation Services

Job Development

During the third quarter of this year, the percent of people that have achieved an employment outcome through the Bureau of Rehabilitative Services (BRS) has increased. In 2009 the rehabilitation rate was 48.18%. The year-to-date for 2010 is 59.11%.

BRS corporate development is working with 50 businesses, which produced 239 consumer applications for open positions and resulted in 45 consumers being hired.

The average wage for these new hires is \$304 per week, working on average 30.2 hours a week. New BRS affiliated businesses include Direct Employers, I & M Electric, Labcorp, and Staples distribution center.

Project Search

During the 2009/2010 school year, 65 students participated in Project Search internships at eight sponsored locations throughout central Indiana. A total of 15 students have been hired at an average of 23.2 hours a week, with an average weekly wage of \$216.33. So far in the 2010/2011 school year, there have been ten participating sites identified, with 100 students starting or preparing for internships. One student from last year’s internship was hired by the Indiana Department of Child Services.

Rehabilitation Grant

BRS has applied for a Social Security Disability Insurance (SSDI) demonstration grant, to improve competitive employment outcomes for SSDI beneficiaries who access the Vocational Rehabilitation Services (VRS) system. If awarded, Indiana could receive up to 16.8 million dollars for a five year period.

Virtual Office

BRS has fully implemented the virtual office project, a cost saving initiative of transferring all hard data to an electronic data system. Equipment deployment, document imaging and electronic signature functionality have been successfully created and all VR Counselors are now operating within a virtual office environment.

Medicaid Infrastructure Grant

Through the Medicaid Infrastructure Grant, Indiana will re-launch a state campaign in conjunction with the national “Think Beyond the Label” campaign. The initial campaign resulted in eighteen BRS contacts from businesses. For more information is available online at www.ThinkBeyondTheLabel.com.

Deaf Awareness Day

Indiana’s Deaf and Hard of Hearing Services celebrated the second annual Deaf Awareness Day at the Indiana Government Center South on September 14, 2010, with approximately 150 attending. The event hosted 22 vendors and a spectacular performance by the dance troupe 'Vibrations' from the [Indiana School for the Deaf](#).

Blind Vending Program

In October, the Blind and Visually Impaired Services (BVIS) and [Bosma Enterprises](#) will begin a training class for the Randolph-Sheppard Business Enterprise Program (BEP), a program providing entrepreneurial opportunities for VRS consumers who are blind or visually impaired. This will be the first training class offered in four years. This training opportunity will assist BVIS in growing the BEP and providing more employment opportunities for Hoosiers with disabilities.

Quality Improvement Services

Pre/Post Transitioning Monitoring

The purpose of Transition Monitoring is to ensure the health and safety of the consumer before during and after an individual transition to a new residential provider. On November 1, 2010 the case management vendor, Indiana Professional Management Group (IPMG), will conduct pre and post transition monitoring. The monitoring tool that will be used during these reviews will be available on the [BQIS website](#) prior to November 1st.

Enhanced Provider Compliance Reviews

The Bureau of Quality Improvement Services' (BQIS) quality vendor, Liberty of Indiana, has conducted a pilot of the Enhanced Provider Compliance Reviews. In accordance with the Indiana Administrative Code (IAC) 460, Article 6, the Enhanced Provider Compliance Reviews will review and assure:

- Provider compliance with conducting criminal background checks
- Provider staff meet all required qualifications
- All provider staff have received the IAC 460 Article 6 training requirements

The final version of the Enhanced Provider Compliance Tool along with the policy and process map will be posted on the [BQIS website](#) prior to November 1, 2010. At that time BQIS will begin conducting Enhanced Provider Compliance Reviews for all waiver providers.

Incident Management System Update

The BQIS online Incident and Follow-Up Reporting (IFUR) tool is used to file reportable incidents required by the Division of Disability and Rehabilitative Services and the Division of Aging for Medicaid waiver related services. The enhanced [IFUR tool](#) allows the state to capture additional data for systemic improvement. [Click here](#) for detailed instructions.

Indiana Allies Program

The Indiana Allies Program will expand the reach of supports to families affected by autism who are in need of assistance, via a phased rollout by BDDS Districts. The focus of this activity is to continue coordination and implementation by providing supports to families affected by autism and intellectual disabilities around the State.

Emphasis will be placed on disseminating to consumers of the Comprehensive State Plan, the autism resources that are now available in Indiana, and on providing critical supports to families affected by autism. A relationships team has been established with members of the Indiana Interagency Autism Coordinating Council (IIACC) over the past two years and will be critical in these efforts.

Developmental Disabilities Services

Objective Based Allocations

The newly created Personal Allocation Review (PAR) unit will facilitate the transition to Objective Based Allocations (OBA) beginning with individuals whose Cost Comparison Budget (CCB) anniversary date is January 1, 2011. As an individual's CCB comes up for annual renewal, the team will receive an allocation objectively determined by the Inventory for Client and Agency Planning (ICAP), behavioral and medical addendum, and living arrangement. These factors determine an individual's Algorithm Level and accompanying needs descriptor and allocation. An individual's OBA may differ greatly from the budget they received in previous years. The OBA serves as a method to narrow the disparity between individuals receiving services.

The PARS unit will review preliminary allocations prior to their release to audit and compare the Algorithm Level to collateral case documentation. The OBA determination includes emphasis on Day Services, Behavior Management, and Employment. Taking a building block approach to budget construction, the Bureau of Developmental Disabilities Services (BDDS) expects all individuals to receive a meaningful day that includes Day Services and employment driven opportunities. Each budget allocation from individuals will include a reserve amount for Day Service and depending on their Algorithm Level, a reserve of yearly behavior management hours.

Budgets are expected to be built using Day Service and Behavior Management as the first building blocks and then Residential Habilitation Services (RHS) for the remaining day and residential time following. Collaboration with Medicaid Health Coverage Services and Prior Authorization is expected to be part of an individual's budget, as applicable. A strong relationship with Vocational Rehabilitation Services (VRS) counselors is also expected as the State encourages individuals with Disabilities to pursue employment and vocational skill building.

Level	Descriptor
0 Low	High level of independence (Few Supports needed). No significant behavioral issues. Requires minimal Residential Habilitation Services.
1 Basic	Moderately high level of independence (Limited supports needed). Behavioral needs, if any, can be met with medication or informal direction by caregivers (through the use of Medicaid state plan services). Although there is likely a need for day programming and light Residential Habilitation Services to assist with certain tasks, the client can be unsupervised for much of the day and night.
2 Regular	Moderate level of independence (Frequent supports needed). Behavioral needs, if any, met through medication and/or light therapy (every one to two weeks). Does not require 24-hour supervision – generally able to sleep unsupervised – but needs structure and routine throughout the day.
3 Moderate	Requires full-time supervision (24/7 staff availability) for medical and/or behavioral needs. Behavioral and medical supports are not generally intense and can be provided in a shared staffing setting
4 High	Requires full-time supervision (24/7 frequent and regular staff interaction, require line of sight) for medical and/or behavioral needs. Needs are moderately intense, but can still generally be provided in a shared setting.
5 Intensive	Requires full-time supervision (24/7 absolute line of sight support). Needs are intense and require the full attention of a caregiver (1:1 staff to individual ratio). Typically, this level of services is generally only needed by those with intense behaviors (not medical needs alone).
6 High Intensive	Requires full-time supervision (24/7 more than 1:1). Needs are exceptional and for at least part of each day require more than one caregiver exclusively devoted to the client. There is imminent risk of individual harming self and/or others without vigilant supervision.

	ALGO Level					
Individual RHS Daily Hours	0	1	2	3	4	5 & 6
	Low	Basic	Regular	Moderate	High	Intensive & High Intensive
Living with Family	0.2	2	3	4	5	6
Living Alone	0.2	2.6	6	9	11.7	21
Living with One Housemate	0.2	2.6	5.3	7.8	11	12
Living with Two Housemates	0.2	2.6	4.6	7.8	10.1	11
Living with Three Housemates	0.2	2.4	4.3	7.3	9.4	10
BMAN Reserve (Annual hrs)	0	0	36	72	108	144
Adult Foster Care (\$/day)	51.87	51.87	75.87	102.87	102.87	102.87
Day Service Reserve (\$/Yr)						
Not Attending School	\$10,500.00	\$10,500.00	\$10,500.00	\$10,500.00	\$10,500.00	\$18,000.00
Attending School or under 19yrs.	\$5,500.00	\$5,500.00	\$5,500.00	\$5,500.00	\$5,500.00	\$5,500.00

When will this budget allocation process begin?

All initial budgets (including those leaving a State Operated Facility (SOF) and Supervised Group Living (SGL) placement), all expiring transitional budgets and all budget renewals after January 1, 2011 will be developed with objective based allocations.

Residential Living Allowance

The State Line Residential Living Allowance (RLA) is intended to address the basic needs of an eligible individual to enable him or her to live in the community as an integrated citizen, with a goal towards eventual financial independence from the RLA. An RLA is requested when an individual's Residential Living Expenses cannot be met by the Income and Benefits, as deemed applicable by the DDRS. An RLA is provided through State Line funded dollars and is available only to an eligible individual residing in his or her own personal home within the community.

The most recent published [RLA Policy](#) addresses the sources identified by DDRS as an individual's applicable Income and Benefits, as well as detailing the DDRS approved Residential Living Expenses. Food Stamps and the electronic Benefits Transfer/Supplemental Nutrition Assistance Program (EBT/SNAP) are no longer considered to be an applicable Income and Benefit. In addition, a personal grocery expense has been removed from the list of Residential Living Expenses. The effective date for the removal of Groceries as a Residential Living Expense was originally scheduled for July 17, 2010, but has been changed to September 1, 2010.

Waiver Renewal

In August of this year, the rewrite of the [Support Services Waiver \(SSW\)](#) Renewal was submitted to the federal authority, Center for Medicaid and Medicare Services (CMS). On September 27, 2010 CMS notified the state that the SSW Renewal was approved.

Prior Authorization

In addition to the waiver allocation, Individualized Support Team (IST) members (case managers and providers) are equally responsible for requesting and utilizing appropriate Prior Authorized services available through the Indiana Medicaid State Plan when developing the service plan to meet the needs of the waiver participant.

Wait List

There are currently, 20,813 individuals on the BDDS Home and Community Based Services (HCBS) Medicaid Waiver wait list. DDRS is working to ensure that this wait list is a true representation of the individuals waiting for waiver services in the State of Indiana. A systematic approach is being used to establish the quality and integrity of all data available.

1. Individual Evaluation
 - a. Listed as Out of State
 - b. Not Eligible
 - c. Refused Services

2. Determine the status of each individual, their location and their eligibility

A report of this effort will be submitted to the Center for Medicaid & Medicare Services (CMS) in February, 2011.

Pre-voc/SEFA Services

After much work with advocates and industry representatives, DDRS has agreed to request the removal of a time limit on Prevocational Services. As a result of the elimination of time-limits in pre-vocational services a new rate system will be in effect. The new rates create a system where payment is based on the group size and not the specific service being provided; reducing documentation for the provider. The three group sizes are 4:1 or smaller, 5:1-10:1, and larger than 10:1. The overall reduction is 5% - 7 % of the overall spend from the services of Community Habilitation, Facility Habilitation and Pre-Vocational services.

Community Habilitation

Ratio	Current Rate	New Rate
Individual	\$ 23.24	\$ 22.09
2:1	\$ 13.03	\$ 8.48
3:1	\$ 8.69	\$ 8.48
4:1	\$ 6.52	\$ 8.48

Facility Habilitation

Ratio	Current Rate	New Rate
Individual	\$ 23.24	\$ 22.09
2:1	\$ 14.76	\$ 8.48
4:1	\$ 7.38	\$ 8.48
6:1	\$ 4.92	\$ 4.72
8:1	\$ 3.69	\$ 4.72

Pre-Vocational

Ratio	Current Rate	New Rate
8:1	\$ 6.00	\$ 4.72
10:1	\$ 4.80	\$ 4.72
12:1	\$ 4.00	\$ 3.00
14:1	\$ 3.42	\$ 3.00
16:1	\$ 3.00	\$ 3.00

Additionally, DDRS will be working with the industry to further clarify the Supported Employment Follow Along (SEFA) service definition. SEFA continues to be time-limited to 18 months per employment setting, though in certain situations we know that SEFA will be needed beyond the approved 18 months.

Beginning January 1, 2011, and every 6 months that the individual is on SEFA or Pre-voc services, progress reviews of these services will be required to ensure individuals are working appropriately towards the goals outlined in their plan. The case manager will complete a monitoring tool which will be used to gauge progress and the need for continued service.

An amendment with regard to the above changes is currently being drafted for the [Developmental Disabilities \(DD\) waiver](#) and [Support Services Waiver \(SSW\)](#) and submission and approval will be requested from CMS within the next 30 days.

State Operated Facilities

The division of Disability and Rehabilitative Services (DDRS) is currently working towards the placement of individuals from State Operated Facilities (SOF) and the remaining State ICF/MR's, into the least restrictive available environment. DDRS and Division of Mental Health and Addition (DMHA) are working in partnership to develop and implement individual transitions from the SOFs. There will be dedicated staff to ensure the safe transition and post transition monitoring of these individuals.

What has been done to prepare individual's for transition?

- Identified eligible consumers who are intellectual disabled or are dually diagnosed.
- BDDS, DMHA and the SOFs interviewed individuals to determine their level-of-care, choices in community and other preferences that will make transitions successful.
- Identified community providers with strong behavior and day services programs.
- DMHA is currently identifying CMHCs who will assist in providing care for an individual's mental health needs, perform assessment and medication services to support individuals.
- Working with advocacy groups to help families with transitions and decision making.
- Making sure that all community supports are in place prior to transitioning individuals.

BDDS New Provider Orientation

Individuals and agencies interested in becoming certified as a provider for the Bureau of Developmental Disabilities Services (BDDS) may attend the next New Provider Orientation at the Indiana Government Center South complex in downtown Indianapolis on Wednesday, December 1, 2010. For more information and to register for this event, [click here](#) (registration is required).

First Steps

The Division of Disability and Rehabilitative Services (DDRS) is responsible not only for meeting the financial obligations of the First Steps program today, but for supporting an early intervention system that is sustainable for future generations. With this in mind, DDRS looked closely at the First Steps program to determine where reasonable budget adjustments could be made and to identify potential sources of additional program revenue. The resulting changes are aimed at increasing accountability and improving communication among providers and families, while maintaining a system of quality services. Effective October 1, 2010:

- **Prior Approval Requirement**
 - Delivery of an individual service at a frequency of two times per week or greater
 - Delivery of an individual service exceeding 60 minutes
- **Enrollment Requirements for Developmental Therapists**
 - Degree in early childhood or special education with a focus on early childhood development
 - Developmental Therapists must be enrolled at an associate level for the first year. After one year, the provider may request advancement to a specialist level
- **Newborn Hearing Screenings (NBH)**
 - Infants that do not pass their newborn hearing screening will be directed to their primary care physician for follow up and necessary audio evaluations
- **Individualized Family Service Plan (IFSP)**
 - Removal of payment authorization for ongoing providers to attend IFSP meetings as a separate authorization. Parents may request provider attendance at the IFSP meeting as a component of their ongoing service
- **Provider Education for Appropriate Services**
 - Eligibility Required

- No Post Operative Services
- Appropriate use of Informed Clinical Opinion
- Clinical Setting Guidelines
 - Provide clarification on when it may be appropriate to discuss with families the option of having services in a clinic setting.
- Parent Participation
 - Active parent participation is required during sessions within the home
 - Active caregiver participation is required at every therapy session
 - When services are provided outside of the home, active parent participation is required a least once per month
 - Parents must be present and involved in all evaluations
- Three Month Authorizations
 - A progress report with justification is required to continue authorization of service
 - Reports must contain documentation of the ICD-9 code directly addressed by the service
 - An evaluation must be completed and the ICD-9 code obtained, prior to the addition of a service
- Contract Reductions
 - A 15% reduction for the System Point of Entry and Local Planning and Coordinating Council (SPOE/LPCC) funding
- Cost Participation
 - Suspension of services for past due accounts of 60 days or greater
- Assistive Technology
 - Elimination of orthotics as a First Steps service

For updates, please visit us online at www.in.gov/fssa/ddrs/2821.htm.

DDRS Policy Updates

The Division of Disability and Rehabilitative Services (DDRS) is continuing the review of all policies and procedures. As policies are reviewed and finalized, they will be posted online at www.in.gov/fssa/ddrs/3340.htm or accessible from the [DDRS website](#) on the left navigation bar under DDRS Policies.

DDRS Staff Updates

Tracy Myszak was promoted to DDRS deputy director on September 13, 2010. A state employee for 19 years, she most recently served as the BDDS director of client services. She also has experience as a case manager, a BDDS policy writer, and was communications liaison for the Office of Medicaid Policy and Planning. Tracy brings to her new role extensive experience serving consumers of state and Medicaid waiver funded disability services.

Jade Luchauer has replaced Tracy Myszak as Director of Client Services. She began service with the State of Indiana in 2006, working in the Business Office of the Lieutenant Governor, Becky Skillman, with Indiana's Hunger Assistance Programs and Grant Service Initiatives. From there, Jade moved to the Division of Aging as Assistant Director overseeing Non-Medicaid Home & Community Based Services. Jade is a graduate of Anderson University with a Bachelor of Arts Degree in Business Management and a Master's Degree in Business Administration.

Emily Larimer joined the Bureau of Developmental Disabilities Services on July 26 as Assistant Director of Data Analysis. Emily began service with the State of Indiana in 2008 in West Lafayette as Special Projects Coordinator for the Indiana Veterans' Home (IVH). She graduated from Purdue University, West Lafayette, with a Bachelor of Science degree in Animal Science, Behavior and Welfare. Prior to joining the IVH, she served as Projects Manager for the Indiana Association of Area Agencies on Aging.

Effective July 26, **Demaris Stewart** became the Targeting and Help Desk Coordinator and will be managing the BDDS helpline and processing DDRS inquiries. Demaris began her career as a Supported Employment Consultant serving Hoosiers with developmental disabilities. In 1991 she became a BDDS Service Coordinator and in 1999 accepted the position of Complaint Investigator for the Indiana Department of Education.

On September 27, **David Christian** began his role with Vocational Rehabilitation Services as Director of Business Outreach. With more than 35 years of experience as a manufacturing executive and community relations, David will help to establish key relationships within Indiana's business community in order to promote the hiring individuals with disabilities.

DDRS Resources

- BDDS Help E-mail: BDDSHelp@fssa.in.gov
- BQIS Help E-mail: BQIS.Help@fssa.IN.gov
- DDRS Website: www.ddrs.IN.gov

- [HIPPA Authorization Release Form](#)
- [Home & Community Based Services \(HCBS\) Medicaid Waivers](#)